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TUMORS

By

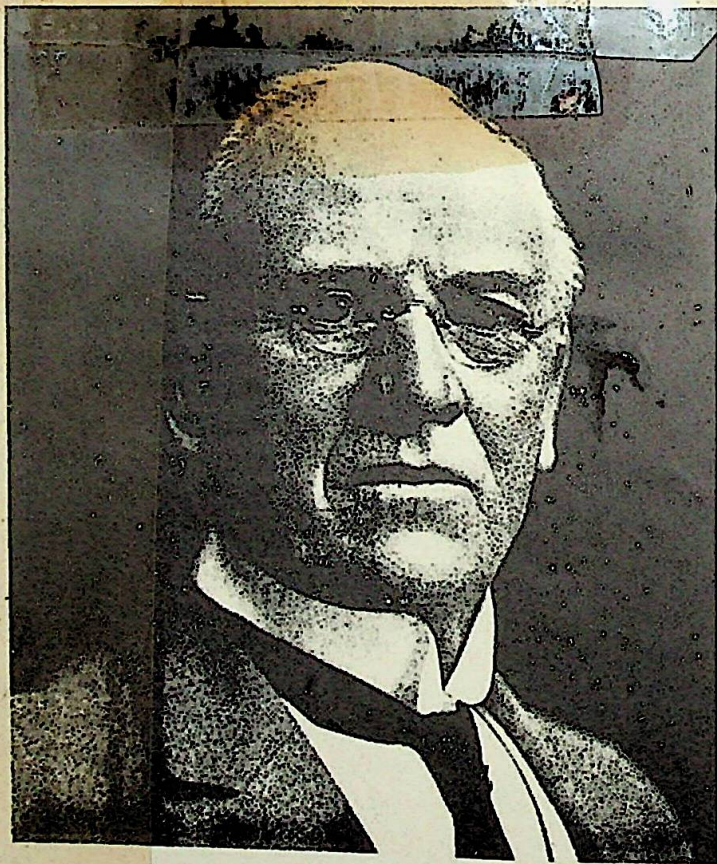
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Denver, Colorado



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and Critique**



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& Author.

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TUMORS

Goiter, Fibroid, Cystic

THERE are all kinds of tumors: hard tumors, soft tumors, simple or benign tumors, malignant or cancerous tumors, bone tumors, nerve tumors, brain tumors, glandular tumors, tumors of the blood-vessels, etc. It is too large a subject to write much about in a magazine, but we have had so many inquiries regarding goiter, fibroid, and cystic tumors that I shall attempt to give a little information regarding these three or four forms.

It is necessary for the reader to understand Toxemia—what I mean by Toxemia—before he can have a workable understanding of the cause of tumors, or any so called disease.

Without Toxemia there can be no disease; and there can be no Toxemia unless the toxic debris of tissue metamorphosis (change) is retained in the blood; and the toxic waste will not remain in the blood unless there is a checking-up of elimination (excretion), due to enervation (reduced nerve-energy). It takes nerve-energy for man simply to exist; more to keep up a strenuous existence. When we dissipate more nerve-energy than the

sleep and rest which we take restore, we become enervated, elimination fails, and then toxin accumulates. This is a condensed definition of *Toxemia*. Those desiring to be informed on the most important knowledge of life should study "*Toxemia Explained*." What is more important than to know how to avoid the consequences of *Toxemia*?

Toxemia is a form of drunkenness that leads to all other kinds of inebriety.

Prohibition is a quack cure—all strictly in line with the curing in the science of medicine. Doctors *cure* people of so-called disease; yet they have not the slightest idea of the cause of the disease. Prohibitionists are innocent of a knowledge of the truth that every food-drunkard is a potential alcohol, opium, sex, fanatic, monomaniac, maniac, or criminal drunkard. Prohibitionists should know that food-drunkenness is the genesis of all drunkenness.

The nerves of the food-drunkard cry out for all kinds of new thrills—anything that will awaken dulled sensation, or relieve the weight and drag of discomfort. Tobacco, tea, and coffee palliate many for a time. Alcohol meets a long-felt want with many whose appetites are dulled by the enervation and *Toxemia* of oversupply. Opium irons out the discomforts and discontent of satiety as nothing else will, and shuts the door to every other want. The overstimulation of rich food, and enervating social habits and customs, build sex-neurosis. This is one of the earliest manias. *Rich food*

builds erotic intoxication in children, manifested by irritability, wilfulness, and convulsions. Eroticism brought on from food-drunkenness drives its victims to seek relief in many ways—lascivious day and night dreaming, infatuations, petting parties, marriages without love, libertinism, sex crimes of all kinds, and other crimes.

Fanaticism is a mental form of drunkenness that often stands between the food-drunkard and other forms of inebriety. The fanatic, in his grouchiness and crotchets, appears to get relief in railing about other people's opinions. Some readers may declare that my reference to drunkenness is irrelevant. Intemperance is the first of all disorders. What is disease? Nature throwing off a debauch.

More could be said, but suffice it to say that food-drunkenness is universal, and is potential to every other form of drunkenness. Until this is understood, all so-called cures—prohibitions, salivations, doctoring, ninety-five per cent of surgery, curing, and immunizing—will prevent rational reasoning and the growth of understanding.

Growth requires food; but until man knows there is a limit, and will respect that limit, he will build food-drunkenness. And this leads to sex-prematurity and abuse of the reproductive function. Sex-abuse leads to physical and mental drunkenness or manias.

The physical suffers as greatly as the mental from inebriety. The gastro-intestinal so-called

diseases, "like the poor, are always with us"; in fact, poverty is a form of food- and sex-drunkenness, and so are stupidity and ignorance. No form of prohibition will cure it. The reproductive organs suffer functional and organic derangements. Both sexes have their so-called diseases, following the debaucheries of convention: genito-urinary diseases in man, ending in impotency, ataxia, prostatic and bladder disease; goiter (a reflex from prostatic disease), ending in ulcer and often in cancer; in women, hyperthyroidism, goiter, inflammation, induration, ulceration, enlargements, flexions, displacements, tumors, and cancers.

The many symptom-complexes—so-called diseases—set forth above are congeneric (related) endings of inebriety. With this understanding, we may study tumors, including goiter, with more knowledge. Causes in this class of diseases are as little known as the cause of common cold.

For a picture of the ravages wrought to the human race by the diseases referred to above, behold the distortion everywhere, in spite of the fact that the medical priesthood spends its time, and millions of donated lucre, in strenuous effort to find the cause of all the various manifestations of chronic inebriety. The waste-products of the besotted are analyzed, scanned with the microscope, and subjected to laboratory research; but the cause of so-called diseases they fail to find. Yet it is so obvious that the blind should see.

Toxemia poisons the body. Early in life the toleration-point is easily reached, marked by a toxin crisis—nature rebelling—expelling toxin. These expulsions are called attacks of disease. They are not attacks; they are efforts at expelling toxin, and we call them colds. A cold is a catarrhal discharge—an elimination of toxin through the mucous membrane. Each so-called attack (cold) builds a little more catarrhal inflammation and toleration to toxin-poisoning. Chronic elimination of toxin is called chronic catarrh; and the tendency is for the catarrhal inflammation to spread, taking in more and more mucous membrane. Then the submucous tissue, glands, and organs become infected, as the mucous membrane takes on ulceration. When a mucous membrane is continuously covered with mucous, decomposition takes place, causing ulceration of the already inflamed mucous membrane. At this stage, infection from absorption of septic debris occurs; but absorption cannot be brought about without opposition by the conservative power of nature. As soon as inflammation sets in, nature begins to thicken between the mucous membrane and the vital tissue beneath. Nature builds a wall, so to speak, in front of the advance of inflammation. This wall is made up of congested blood-vessels, and thickened and indurated tissue. The surplus of blood antidotes any septic or toxic elements knocking for admission into the circulation, the indurated wall prevents advance of the ulceration.

In this brief description is shown how nature attempts to fortify the body against the entrance of septic poison. An enlarged tonsil is a minor illustration, and an enlarged pylorus is built the same way. An enlarged thyroid gland, a fibroid tumor of the uterus, and other fibroids, in their beginnings are attempts at protection—conservation efforts; and sometimes nature's conservative efforts develop beyond conservatism and become destructive.

To grow a tumor, or any of the so-called chronic diseases evolved from repeated crises of Toxemia, the subject must first live in the conventional haphazard manner, and must go through the hundred-and-one sicknesses and discomforts peculiar to enervation, checked elimination, and sequential *Toxemia*. The first manifestation of any deviation from normal is catarrh. (See the July and August, 1928, CRITIQUES.) When crises of catarrh have been repeated until the submucous tissue, glands, and organs contiguous to the catarrhal membrane have taken on subacute inflammation, then hypertrophy (thickening, enlarging) takes place. These enlargements are called tumors, growths, or indurations, and vary in structure in keeping with the tissue (histology) involved. The intrinsic cause of all hypertrophies is the same—environment, accident, or fortuity brings change. A simple fibroid will take on so-called malignancy (autodegeneration), if environment inhibits expansion to the extent of cutting off the circulation,

causing asphyxiation. Intensive research into the pathology of tumors will never find a specific cause for degeneration—cancer. The science of mechanics, not chemistry, will solve the problem.

The word “hyperplasia” means an excessive formation of tissue—abnormal growth; and, as we cannot get something out of nothing, there must be a cause for enlargements of organs and tissues. If we begin with the most simple thickening or enlargements, we shall get a better understanding of cause. A corn is a thickening of tissue on the toes, or any part of the foot, where undue pressure or rubbing takes place from an ill-fitting shoe. The rubbing irritates the skin, causing redness—an unusual flow of blood to the part—bringing about a little swelling. Where the irritation is continuous, the part thickens and the surface hardens. The hardened or calloused part is for protection. As the calloused part gradually grows thicker and harder, it in time becomes a source of irritation—a protector is converted into an offender.

The callus can be removed, giving relief; but, as the growth is not its own cause, the operation is palliative. The cause of the rubbing must be removed; namely, the ill-fitting shoes must be supplanted by shoes that fit the feet.

The reader should keep well in mind that health and comfort are natural. When sickness and discomfort come, it is because we have been abusing

our privilege—exceeding our limitations in enjoying. A cure does not consist in finding a quick relief. Relief or palliation may end life, as we sometimes see in giving a drug to relieve a distressing cough in pneumonia, or a congestive headache, or an auto-subconscious vigil due to nerve-exhaustion from a long-sustained fear, apprehension, and introspection (a mild form of monomania). The evil of palliating discomfort does not always end in immediate death. Those who develop the palliation habit fill all our hospitals, sanitariums, and eleemosynary institutions. Bad habits and the doctoring—getting cured—habit build chronic disease. If cause is removed at the first discomfort, health returns. Then, if cause is not repeated, there will be no more discomforts to be built into chronic disease by conventional doctoring.

Palliated and tinkered-with diseases in children ripen into all kinds of so-called chronic diseases in the matured and aged. The first cold in the baby, *properly and conventionally tinkered with*, will end in rickets, tuberculosis, fibroid tumor, etc., etc.

A cold in the baby, tinkered with, shows up in the school girl as painful menstruation, and in the woman as some form of thyroid disease (tumor), ovarian or fibroid tumor, possibly cancer.

When a part takes on enlargement, we should know that there is some reason for it—there is some irritation of a local or reflex character that calls blood to the part. Wherever an excessive

amount of blood flows continually to and through a part, enlargement takes place. When normal tissue takes on increased growth, we call the activity hyperplasia—increased growth. Too much material taken to an organ or part causes enlargement, and this is the beginning of a tumor.

To make this more easily understood by lay readers, we will say that a woman with erotic intoxication built by overstimulating foods, who is catarrhal from childhood, and who suffers painful menstruation, takes on thyroid-gland enlargement. What causes the gland to enlarge? An excessive amount of blood going to it, because of the correlated or sympathetic influence of these organs on each other. The causes of irritation that start a growth anywhere in a toxemic subject may be a bruise, a slight injury, an extra amount of pressure, or a sympathetic irritation, as we see in thyroid-gland enlargement from uterine derangements.

The thyroid gland being in sympathy with the reproductive organs, it takes on sympathetic irritation, which causes excess blood to flow to the gland, causing it to enlarge. An enlarged thyroid gland is called thyroid tumor or goiter. Hyperthyroidism is caused by excessive secretion of the thyroid gland, and there is always a uterine and ovarian pathology.

Operating for goiter in thyroid disease is becoming universal. There are very few people who know that this disease can be overcome with-

out surgery. Why cut out a gland because it has taken on irritation, inflammation, and enlargement? The gland is not to blame for being in this plight. The cause must be gotten rid of. The blood derangement—Toxemia—must be righted. Overstimulating habits that bring on enervation must be overcome. The uterine catarrh and reproductive excitement that always precede enlargement of the thyroid gland must be corrected.

Treatment

When a case of thyroid tumor presents itself to me, I correct the life. This has to be done, it matters not what the ailment is that brings the patient to the physician. Causes for all derangements must be gotten rid of; and, before an operation should be thought of, uterine derangement must be corrected. By the time the catarrhal state of the womb is overcome, deranged digestion and assimilation have been normalized, constipation has been corrected, and the psychological state, which is that of nervous excitement, has been righted, the thyroid enlargement will have disappeared.

Thyroid Enlargement in School Girls

Menstrual irregularities in young women are often accompanied by an enlarged thyroid gland—scanty or profuse menstruation, absent or painful. The family notices an enlargement of the neck

close to the sternum or breast-bone. Young women are closely guarded by their families when anything occurs that is liable to impair their looks. Where an enlargement shows just above the sternum or breast-bone, everybody notices it and knows it is goiter, and they will get busy getting some doctor's opinion. In the olden days the enlarged portion was painted with iodine—and, where the patient was very esthetic, she was insistent on having colorless iodine used. That meant that a drug was added to the iodine that caused decoloration. Nearly all functional cases got well—not from the effects of the iodine, nor from the effect of any treatment, but just simply because the functional derangement of the gland subsided with the functional derangement of the reproductive organs. These enlargements, as a matter of fact, are not due to hyperplasia-growth. It is an engorged state of the gland, from a reflex irritation, caused by a slight functional uterine derangement, a congestion of the ovaries, or a slight catarrhal state of the womb, intensified at the menstrual-period. This particular functional derangement of the thyroid gland in young women never occurs except in those who are pronouncedly toxemic, and who are troubled with more or less gastro-intestinal indigestion, from excessive eating, or eating too much of carbohydrate foods, or abusing the digestive organs, as most young people do in eating wrong food combinations, too rich food, and a lot of confectionery.

When simple enlargement fails to pass away it means that the functional activity is repeated each menstrual period until organic change takes place in the gland causing a permanent enlargement which to the sense of touch is hard, because it is fibroid in its structure. Some of these cases will continue for years or during life, never become very large, and are not inclined to lead to any discomfort; hence, subjects tolerate the little enlargement and pay no attention to it. Those of nervous temperament and large imagination, who cannot make up their minds to tolerate a slight imperfection, clamor for an operation. Some of them will be operated upon successfully—in other words, the patient does not die. In others, the operation appears to be resented by the organism and the gland takes on more or less activity. Where this is accompanied by an active disturbance of the reproductive organs—an active congestion of the ovaries and uterus during menstruation, the gland enlarges. In other such cases the general toxemic condition increases from wrong habits of living, and more or less infection is taking place continuously from decomposition of food in the intestines. When this infection is added to toxemia in gouty subjects, the heart becomes involved. In such cases the heart beats from 130 to 140. There is a great deal of nerve-excitement. Engorgement of the blood-vessels of the brain takes place, causing sufficient pressure to cause protrusion of the eyeballs. When this state is developed, it is called exophthal-

mic goiter. It is not a separate and distinct disease—it is the ending of an erstwhile simple congested state of the gland that is not looked upon as serious, but is treated, as stated above, by externally painting with tincture of iodine, or by taking a little iodine internally.

When the gland takes on hypersecretion the patient is poisoned; this is called hyperthyroidism, the symptoms of which are nervousness, rapid heart action, bulging eyeballs, fear and more or less oppressed breathing. The exophthalmos—prominent eyes—is diagnostic.

In pronounced types, the patient suffers from mixed infection; namely, toxin (toxemia), putrescence from the intestines and womb, and from the thyroidism.

To operate on the thyroid falls short of meeting requirements. The patient should be sent to bed and treated according to needs. No two patients are alike; hence, there can be no cut and dried treatment. Proper uterine treatment is imperative.

Fibroid tumor is one of the by-products of perverted functioning of the reproductive organs of women. Through sympathy or associational reciprocity, the reproductive glands influence all glands. The nearest related appears to be the thyroid. (See the January number for article on "Thyroid Tumors.")

Enlargements of the ungravid (non-pregnant) womb are of two kinds—enlargement from tumor

and from subinvolution. The latter means that the womb has failed to return to its normal size.

Subinvolution results when women get on their feet too early after childbirth, and take the responsibility of the home and care of children before the womb has had time to readjust. It takes sixty days, under normal conditions, for the womb to return to normal size. Stout women, with heavy abdomens, should stay off their feet for at least six weeks, and limit their eating to cooked and raw fruits and vegetables for forty days. The womb, being large, is easily moulded into malformations by intra-abdominal (within-the-abdomen) pressure—a pressure from superincumbent fat, and from gas distention in others. The traditional belief that pregnant women should eat for two, and have every abnormal longing supplied to prevent marking the child, leads to gluttony and a heavy deposit of fat in the abdomen, as well as elsewhere all over the body. The accumulation of fat within the abdomen throws a great weight on the pelvic organs; and when the woman obeys another tradition—that she must leave her bed in from seven to fourteen days—falling and displacement are sure to follow.

Few women who have followed custom in over-eating during pregnancy escape building misplacements, which lead to so-called “female diseases,” the treatment for which, according to a few leading gynecologists, is a “lost art”. It probably was lost in the bacteriological and gynecological *surgical*

insanity that has been pandemic for the past forty years. The truth is that there never has been any art in the treatment of so-called "female diseases." With the coming of bacteriology, which disillusioned the medical mind concerning the sacredness of the abdominal cavity, and removed the awesomeness of invading the various cavities of the body, disappeared the ancient art of mechanically supporting all falling (prolapsus) of the womb. Some of the devices were fearfully and wonderfully made, equaling anti-kick harness used on outlaw horses. The self-retaining supports were legions in variety and infinite in quantity—enough to bull the rubber market. About the only virtue to this *art* treatment was that patients lived until they died, whereas under the scientific surgical treatment that supplanted the "lost art" the treatment the patients lived until they were killed or made sterile. Today the reproductive function is barrenized by X-ray, radium, or lethalizing solar rays.

What logical connection have these various *artistic* and *scientific* treatments with cause? None whatever. Women have not had time to evolve self-protection since they shook off their chains of chattel slavery. Then they had no souls—and their bodies belonged to their owners. Today their owners are under the spell of what Bernard Shaw describes as the "conspiracy of specialism." The doctor says: "That organ, which gives potential individualism, must come out, or its function must be annulled." And, by Zeus, it does

come out! Any recourse? The guild says no. And the guild is hooked up to the federal government, the head of which is an honorary M. D. and member, and the government says no. What show has a woman against such a "conspiracy"?

Besides surgery, drugs are used. What for? Because the stupid public clings to the fallacy that drugs cure, and that to cut out an effect will cure the cause.

Scratch an average civilized man on the back, and you will find a savage. To find a medicine man, visit your lady's chamber, take a breath of the air therein, laden with the odoriferous concoctions given her by the guild doctor, and then "tell it not in Gath, publish it not in Ashkelon," that the treatment of women is a "lost art."

Ill-smelling drugs for douches, to be used after removing a more vile-smelling tampon placed on an excoriated cervix by the specialist, is proof that the old "art" is improved upon esthetically, even before radical surgery supplanted the conservative treatment of three to four decades ago.

Redundancy of tissue—overweight—favors the development of catarrhal inflammations.

Mothers who weigh less after childbirth than they weighed before pregnancy usually escape the "diseases peculiar to women." Women who work, and are not abused emotionally—who are not distressed by jealousy, who are not angered, who do not live in fear, and who are not expected to sub-

mit to sex-relations when all their energies are needed to bring forth and properly care for children—will escape disease, and bring up better and healthier children.

The popular ignorance on this subject among married people is appalling. Not only mothers, but children, suffer from the many different evil influences of abused sexuality.

In these days of multi-marriage and divorce, few guess at the real cause, which is sex-madness—erotomania.

The people need much knowledge on health subjects. They cannot know too much concerning the evil caused by excess indulgence in appetites and passions. Excess strikes at the foundation of procreation and nutrition, handicapping the present as well as future generations.

Many cases of catarrhal inflammation of the female reproductive organs end in fibroid tumor. The development of a tumor is brought on about as follows: Each month after puberty in toxemic subjects the reproductive organs are engorged (congested) with an excess of blood, due to the menstruation period. Exposure to heat or cold, overdoing in any way, such as dancing or other superactive physical enjoyments, brings on enervation—a very tired state of the body. If these activities are free from lascivious or erotic suggestions, or overworked emotions, only physical tire will be experienced, which will be overcome by sufficient rest; but when to physical tire is added

an erotopathic influence—an erotic environment, an environment strongly sex-suggestive—there will be a stronger than natural influx of blood to the reproductive organs. The congestion of blood to the womb and ovaries will be still greater if contingently it be menstrual time. Then, in virgins, the excess flow is called menorrhagia.

During menstruation, women should live in erotic seclusion. It is a travesty on human intelligence to be compelled to advise that married women should be freed from erotic influence during menstruation and pregnancy. Husbands who are so ignorant as not to know the evil of such excitement during their wives' menstruation should be banished to a social status where morality is enforced by *brute instinct*, or by the cruel ethical brand: *Unclean!* Present-day stupid customs consign a large percentage of women to suffer from diseases of the reproductive organs—even cancer. Prevention will come with a higher moral and esthetic culture—from research, not in physical pathology, but in mental and moral pathology.

The conspiracy of specialism extends even to medical auxiliaries. Just now there is a furore of intensive research in endeavoring to prove that aluminum cooking utensils are the cause of all the ills to which flesh is heir, including cancer. Perhaps it will be found the cause of "common cold" and "flu"—who knows? The colored gentleman in the woodpile may be selfishness, prejudice, or

ignorance. Those beating their tom-toms the loudest know the least of the cause of the commonest so-called diseases, of the evil influences of wrong food combinations, of the bad effect of excessive water-drinking on digestion, and certainly know little of the enervating influence of abuse to the functions of nutrition and reproduction, and perhaps the least of all concerning the evil influences of psychologic frenzy peculiar to crusaders—fanatics. As one black crow would say to his interrogating partner: "What do you want to bring that up for?" Medically, it is quite irrelevant, and has no bearing on the subject of health and cause of disease. So long as Toxemia and its influence on the gonades (reproductive secretions) and endocrine glands (ductless glands) are not known, it is far-fetched to drag in aluminum poisoning to make up for the shortcomings of bacteriology.

Of course, there are food-poisonings today. There were such during the reign of the iron pot, and there will be so long as we have ignorant and careless pot-slingers, and ignorance of wrong food combinations.

Conventional habits of eating to excess rich foods, and confectionery products, and drinking to excess of the concoctions of soft-drink parlors, derange digestion. These excesses bring on enervation, check normal elimination, and surcharge the blood with toxin, which must be eliminated. As the natural exit is inadequate, vicarious elim-

ination through the mucous membranes is established. Gastric and intestinal catarrhs evolve, marked by varying crises, named in keeping with their symptom-complexes, obviously all of which are of the same nature—basically the same—even if recognized and treated as separate and distinct diseases. A striking example of this medley of diagnostic inconsistency is the thousands of foolish and unnecessary operations for removal of the appendix, and other abdominal operations which will be brought out in the course of these articles on tumors.

The womb, or uterus, is made vulnerable as a location for catarrhal inflammation by the social ignorance referred to above. Its mucous membrane, being engorged every month, furnishes a favorable *situs* (place) to establish vicarious elimination in those who have established Toxemia.

The early symptoms of uterine catarrh are nervousness, headache, a feeling of weight; a dragging-down in the loins, hips, legs, and lower abdomen; backache, and painful menstruation. These symptoms may pass away in two or three days. Like all inflammatory spreads of the mucous membrane, the inflammation is more intense in one place than in another. The most intense spots of inflammation may be located on the front or posterior wall of the womb, or on either side. If located on the front wall, thickening of this wall takes place. As it thickens, it elongates and widens, and, as the posterior wall

remains normal, it is forced to bend back. The same bending toward the normal takes place from thickening of either of the opposite sides or back wall. This abnormal shape is called retroversion, antiversion, or right or left version. When the induration continues, the affected wall grows larger, longer, and wider. As it does so, the opposing side at first is bent, then flexed. This defines how versions and flexions are evolved. A consultation of text-books will show my explanation stands alone. When this stage is reached, the circulation of the blood in the normal side is impeded, and the muscular tissue becomes flaccid or soft from lack of nourishment. The enlarged side is more active. In a small percentage of these cases the womb becomes transformed into a large fibroid tumor.

During the menstruation period, care should be taken not to overdo in any line. Those who are liable to take on this condition are invariably those who have developed a catarrhal habit of body, and every cold adds to the catarrhal state of the womb. As the catarrh increases, the engorged state of the mucous membrane increases in sensitiveness, inflammation, and ulceration. Drainage is imperfect. Decomposition and infection follow—the same as imperfect drainage in wounds, ulcers, or pent-up inflammations anywhere in the body. The mucous membrane of the womb becomes thickened. The thickening of the uterine mucous membrane is due to a continual infection and engorgement of

the blood-vessels. In time the excessive amount of blood causes enlargement. With each menstruation period there is more and more engorgement, thickening, and enlargement, until the tissues beneath the mucous membrane take on so much new growth that it begins to be obstructive to the circulation. The more enlargement, the slower the circulation, and the more engorgement from accumulated blood.

From the beginning there will be more or less discomfort at menstruation. These discomforts are called menstrual pains or due to menstruation. The patient becomes more nervous, developing deranged digestion, constipation, and many other symptoms. On examination, the physician will find a small growth—a fibroid tumor. Why is it called fibroid? Because the tissues are made up of fibrous tissues, or the muscular tissue of which the womb consists. If the tumor develops just beneath the mucous membrane, the time will come when there will be excessive menstruation—metrorrhagia—gradually growing worse and worse until there is a continuous flow from one menstruation to the next. The physician who is called will diagnoses the case submucous fibroid, which means a fibroid growth just beneath the mucous membrane on the inside of the womb. This thickening—enlarging—is of the muscular portion of the body of the womb. If the growth is more to the outside of the womb, then the tendency will be for it to develop on the outside or under-

neath the peritoneal covering. Some patients will have four or five small growths (the nucleus of multi-growths is lymphatic enlargement); others will have but one. The growth or growths often occupy the greater portion of the body of the womb.

These are simple growths. By that I mean that they are not malignant. They are not painful, except as they disturb the circulation of adjacent parts by pressure on nerves and blood-vessels.

Thousands of women have built fibroid tumors as large as an ordinary-sized grapefruit, and have gone through to old age never knowing they had a tumor. The tendency is for these growths to decline in size when menstruation ceases—after the change of life.

Surgical Treatment

There is no excuse for operating upon such growths, unless they are pressing upon important organs and creating derangement of their functions. A growth may be so situated as to interfere very materially with urination. This will cause a derangement of the bladder, and must be looked after, because we cannot live without proper functioning of the bladder. The tumor may be so peculiarly situated that it will press upon the rectum, obstructing this organ so greatly as to bring on a constipation that refuses to yield to the usual remedies and demands relief. The majority of cases are made comfortable by cor-

recting errors of life. At times a tumor may develop after adhesions have taken place, caused by some form of "specific" or other infection. These cases suffer most, and are unfavorable cases on which to operate. An ovary may be tied down with adhesions. As the fibroid tumor develops, there is a gradual increasing of pressure, as the ovary cannot rise in the pelvis. The pressure causes a very great deal of discomfort, which means that something must be done to bring relief. Rest in bed, absolute freedom from sex-excitement, and education into a normal physical and mental life will bring comfort and prolong life. Operations often end disastrously.

During the time of the development of these tumors there will be various reflex disturbances, such as fits of indigestion and growing nervous irritation—especially when the ovaries are interfered with. These patients are subjected to all kinds of treatment, until they are worn out with foolish, unnecessary doctoring. They become discouraged, hysterical, and hypochondriacal. These discomforts demand that something be done. This is the excuse for the wholesale operating that has been carried out in removing fibroid tumors in the last thirty to forty years. There are very few growths of this character that demand an operation. The patients need education, not *doctoring* or *operation*.

These patients must be educated in such a man-

ner of living as will correct all reflex irritations and fear. The education consists largely in teaching people how to live to get back to the normal physically and mentally, and then how to live to stay normal. By correcting bad habits of all kinds—which include the *doctoring habit*—and teaching proper living habits of mind and body, auto-cures follow. Patients who have been suffering a very great deal, and have been told that their troubles are all due to fibroid tumors, will find, after living correctly for a reasonable time, that all their discomforts leave them. The fibroid tumors still remain, but will gradually undergo absorption. This should prove to anyone capable of doing a little thinking that it is not the tumor that needs to be removed, but the habits of life that are breaking down the constitution and making the growth of tumors possible. Tumors are the outgrowth of ignorant, vicious habits, and they gradually disappear with the disappearance of their cause. Operations do not remove the cause, and are illogical, unscientific, make-shift treatment.

The constant warning that, unless operated upon, the tumor will evolve into cancer is commercial buncombe. Cancer often follows operations, because of the continuance of the vicious habits that built the tumor. Cancer is a later evolution of the pathological chain starting with a cold in childhood, and ending in tuberculosis, syphilis, or cancer.

Treatment

What is a rational treatment for patients suffering from fibroid tumor? As above stated, the life must be corrected; errors of eating must be got rid of; nervous irritations of all kinds must be overcome. Overworked emotions, fear, anxiety, introspection—all these conditions must be overcome. Unless they are, they will continue even after the fibroid tumor is removed, because those conditions are built from wrong living, and this wrong life was begun very early—soon after birth.

Invariably there is a catarrhal state of the womb—endometritis and endocervicitis, which means chronic catarrhal inflammation of the mucous membrane of the womb or neck of the womb. No catarrh, no tumor. It must be corrected by securing proper drainage from the womb and by reforming vicious daily habits. All cases have more or less obstruction of the uterine canal. Secretions are retained. They take on decomposition, and this decomposition, retained, causes more or less infection of the entire organism. Besides, this decomposed material, as it passes down and out of the womb, excoriates the mucous membrane of the outside of the neck of the womb—mouth of the womb, and even the vagina. This demands attention. This must be got rid of as one of the prime necessities for overcoming the tumor enlargement.

Many cases of this character will be benefited within a few months by the indicated treatment, to the extent of reducing the fibroid tumor fifty per cent. The tendency is for these growths to disappear gradually when the causes are removed. It follows that there is but one rational treatment for fibroid tumor, whether of the thyroid or the womb, and that is to get rid of the cause. This certainly cannot be done by cutting out the tumor or performing hysterectomy, which means operating on the gland (thyroid) or removing the womb, and often all the reproductive organs.

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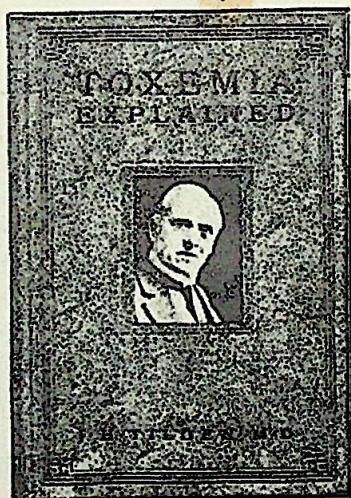
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